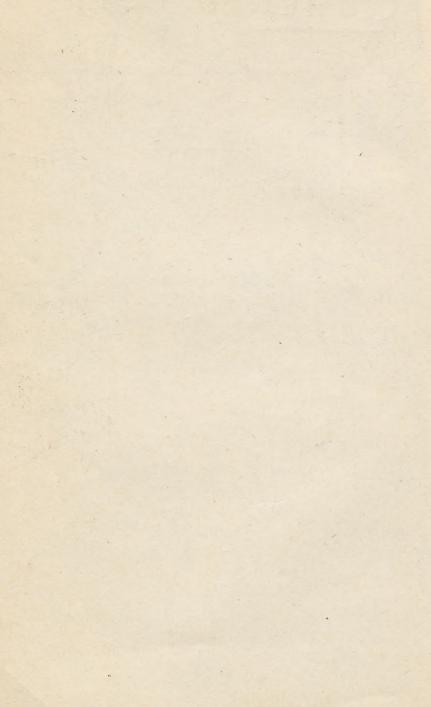
COHEN (J. Solis) Guaiacol externally in Juberculosis





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GUAIACOL EXTERNALLY IN TUBERCULOSIS.

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In The Medical News of September 30, 1893, I published a "Preliminary Note on the Pronounced Effect of the Endermatic Use of Guaiacol in Controlling High Temperature in Tuberculosis." After more than a year of continuance of the treatment it is worth while to add my present satisfactory impressions of the remedy, the result of its use in something under fifty cases, some thirty of them in the Home for Consumptives at Chestnut Hill, and therefore under peculiarly favorable surroundings.

We began in that institution with a dose of \mathfrak{m} xlv, as had been recommended in the French journals. This dose was far too great in the climate at Chestnut Hill, and sometimes produced positive collapse. So rapidly did the temperature fall that the lips and finger-tips of the patient soon became blanched, the cardiac impulse weak, and the perspiration profuse. We then diminished the dose. We found \mathfrak{m} xxv a good average. Some patients did equally well with doses of \mathfrak{m} xx, \mathfrak{m} xv, and even of but \mathfrak{m} x.

Free perspiration is a good indication of satisfactory action of the remedy; the temperature fall-



ing more rapidly the more free the perspiration. When perspiration is slow, hot milk or other hot drink given just before the remedy is applied, or hot water-bags placed along the surface of the body, will favor the perspiration.

Temperature reduced with m xv of guaiacol does not remain reduced for so long a period as when reduced with larger doses. It will generally rise again on the following day. If a dose of m, xx or m, xxv is then rubbed into the same patient there will probably be a prompt reduction of three or more degrees, perhaps even a degree or so below the normal standard, with return to normal in a few hours, and continuous maintenance of the normal temperature for three or four days, a week, or longer. This normal temperature was maintained for six weeks in one of our hospital-patients.

Should the temperature fall very rapidly from 103.5° or 104° to below normal, with profuse perspiration, the patient will feel cool and comfortable the cardiac impulse will remain unimpaired, and the lips and finger-tips will continue rosy until the temperature has dropped to about 99°. Then, if the temperature continues to fall, as it sometimes does, to 97°, or even to 96°, the sensations of comfort are replaced by sensations of chilliness, and the rosetint of the lips and the finger-tips becomes empurpled. A hot drink and a hot-water bag at the side will send the temperature back to normal in a few minutes, and the patient may fall into a refreshing sleep.

The method of using guaiacol at the Home for Consumptives is as follows: The skin where the guaiacol is to be rubbed in is well washed with soap and water, and then thoroughly dried. The place selected is a matter of indifference, but we have usually chosen a spot over the seat of greatest lesion of the lung. Ten or more minims of guaiacol, as may be wanted, are poured into a dish, whence it is taken up upon a camel's-hair pencil and brushed upon the parts, back and forth, until the whole dose has been absorbed. This will take ten, fifteen, or more minutes. Then the part is rubbed dry with the hand, after which it is covered with a layer of cotton protected by paraffin paper or oiled silk. In many cases the temperature drops a degree or more before the rubbing is completed, and two degrees within thirty minutes of commencing the application.

When the patient is near death, and the temperature elevated in consequence of the approach of dissolution, guaiacol in the doses in which we have applied it had no effect in arresting continuous

rising of the temperature.

It may be concluded that the endermatic use of guaiacol, when carefully employed, often promotes the comfort of the patient in a manner which cannot be obtained from its use by ingestion, by subcutaneous injection, or by direct injection through the air-passages.

